

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85810

1. Entity Name

KE REALTY SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90060 011 ***150.00

Principal Place of Business

Mailing Address

~~5440 N.W. 33 AVE.~~
~~SUITE 112~~
~~FORT LAUDERDALE FL 33309-7021~~

~~5440 N.W. 33 AVE.~~
~~SUITE 112~~
~~FORT LAUDERDALE FL 33309-6341~~

2. Principal Place of Business

4175 SW 64th Ave

3. Mailing Address

4175 SW 64th Ave

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

65-0293270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~BURROWS, ARTHUR E JR.~~
~~5440 NW 33RD AVENUE, SUITE 112~~
~~FT. LAUDERDALE FL 33309~~

7. Name and Address of New Registered Agent

Name

BURROWS, ARTHUR E. JR.

Street Address (P.O. Box Number is Not Acceptable)

4889 N.W. 2nd PLACE

City

PLANTATION

FL

Zip Code

33317

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MORRIS, TERRY E. 3330 S.W. 13TH AVENUE FORT LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MORRIS, TERRY E 4626 NW 45th COURT TAMARAC FL 33319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2000 (954) 316-8848
 TERRY E. MORRIS, PRES.

Daytime Phone #

CR2E034 (9/99)